

# Exhibit B

TYPE OF SALE  
 WHOLESALE OR  RETAIL  
 New  Used  Demo  Salvage

## PERMIL CERTIFICATE OF SALE

No. 59974378

\* 5 9 9 7 4 3 7 8 \*

## VEHICLE INFORMATION:

Year	Make	Model	Body Type	Color	Weight (Unladen)	Fuel Type	Cylinders	Adult Seating Capacity
2008	BMW	m3	Conv	B1	4146	Gas	8	4
Vehicle Identification Number			Lien(s)	Inspection Certificate Number		Date of Inspection	Inspection Station Number	
WBSWL93568P330380			1	N/A		N/A	N/A	
Plate/Permit Number		Number of Dealer Plate Loaned		<input type="checkbox"/> Lease Buyout (Insp. Not Required)	Selling Price	\$ 22,995.00		

## DEALER INFORMATION (Print Name and Address)

Exclusive Motor Sports 279 Route 32 Central Valley, NY 10917

## PURCHASER INFORMATION (Print Name and Address)

Stephenson, Dana, J 350 Wren Lane Bedminster, NJ 07921 3/12/19

## PRIOR OWNER INFORMATION (Print Name and Address Source of Ownership)

BMW of Freeport 291 Sunrise Highway Freeport, NY 11520 12/20/18

## ODOMETER DISCLOSURE STATEMENT

Federal and state laws require that you state the mileage of the vehicle described on this certificate, when transferring ownership. Failure to do so, or not telling the truth about the mileage may result in fines and/or imprisonment.

The odometer on the vehicle described above has:  5 digits  6 digits, not including tenths

I certify that, to the best of my knowledge, this odometer reading reflects the "ACTUAL MILEAGE" of the vehicle described above.

I certify that, to the best of my knowledge, this odometer reading "EXCEEDS MECHANICAL LIMITS."

I certify that, to the best of my knowledge, this odometer reading is "NOT THE ACTUAL MILEAGE. WARNING: ODOMETER DISCREPANCY."

ODOMETER READING	
74525	(no tenths)

## DEALER CERTIFICATION:

I certify: The vehicle described above was sold to the purchaser on the date indicated. At the time of delivery the purchaser was entitled to register the vehicle. This vehicle complied with equipment requirements of the Commissioner's Regulations. At the time of delivery, such equipment was in condition and repair to render satisfactory and adequate service on the public highway under normal use. Equipment certification does not apply to a vehicle sold as new, wholesale, or salvage. All New York State and local taxes due as a result of this sale have been collected from the purchaser. False statements made herein are punishable as Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

DEALER (or authorized representative) - (SIGN full name)

PRINT full name of dealer or authorized rep.

Date

Dealer Facility No.

7104719

PURCHASER - (SIGN full name)

PRINT full name of purchaser

Date

Selling Dealer NYS Sales Tax No.

75-3249651

ANY CHANGE OR ALTERATION VOIDS THIS CERTIFICATE

Department of  
Motor Vehicles

## IN-TRANSIT PERMIT/TITLE APPLICATION

dmv.ny.gov

Batch  
File No. Orig       Activity

PLEASE PRINT CLEARLY

OFFICE  USE ONLY	Old Plate					Old Class			3 of Name			Insurance Company Code			
	Scofflaw Case Number(s)				New Plate							New Class	I T P		
Special Conditions: EX GI IF NF NU OD OV PA RC SA SO SP SS SV															
Sales Tax Information		Status	Value (\$)	Jurisdiction				Rate	Out of State	Audit					
DEALER ONLY	Permit Info.	Permit Number	ZFM7949	Expiration Date	4/29/19	Date Issued	3/29/19	Facility ID Number	7104719	Is there a lienholder? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", enter the information below UNLESS the vehicle will be transported out-of-state (in that case, advise the lender to perfect the lien in that state).				
	Lien Filing Code (Assigned by DMV)	Lienholder Name and Mailing Address Bethpage FCU - File Electronic -													

INSTRUCTIONS → COMPLETE ① ② ④ ⑥ and ⑦ . WHEN ③ AND ⑤ APPLY, COMPLETE THOSE SECTIONS. PLEASE PRINT CLEARLY.

- 1 Mark the box for the action you need.
- Transport this vehicle to register it at a location outside of New York State.
- THE FOLLOWING OPTIONS CANNOT BE USED BY PLATE ISSUANCE DEALERS OR PARTNERS:**

- Transport this vehicle within New York State to register it in another part of New York State.  
 Transport this vehicle to obtain the required NYS Department of Transportation or NYS Heavy Vehicle inspection (see page 2 for requirements).  
 Change information on a current in-transit permit.

This vehicle will be transported FROM (point of origin, include city and state): Central Valley, NY

NOTE: NOT VALID IN MASSACHUSETTS TO (destination, include city and state or country): Bedminster, NJ

## 2 NAME OF PRIMARY REGISTRANT (Last, First, Middle)

Stephenson, Dana J

NYS driver license number of PRIMARY

SEX	DATE OF BIRTH
M F	Month Day Year
<input checked="" type="checkbox"/>	1991

NYS driver license number of CO-REGISTRANT

SEX	DATE OF BIRTH
M F	Month Day Year
<input type="checkbox"/>	

## DAY TELEPHONE (Optional)

Area Code  
( )

NAME CHANGE?

 YES (refer to ⑤)  NO

ADDRESS CHANGE?

 YES  NOIs this registration for a corporation or partnership?  Yes  NoHow did you get the vehicle?  New  Leased New  
 Used  Leased Used

ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL (Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)

350 Wren Lane	Apt. No.	City or Town	State	Zip Code	County of Residence
		Bedminster	NJ	07921	Somerset

ADDRESS WHERE PRIMARY REGISTRANT RESIDES IF DIFFERENT FROM THE MAILING ADDRESS (DO NOT GIVE A P.O. BOX)

Apt. No.	City or Town	State	Zip Code

## 3 DRIVER LICENSE NUMBER OF OWNER

The owner of the vehicle must sign this section. Proof of ownership and proof of owner's name and date of birth are required.

NOTE -Do not complete this section if a completed Registration Authorization (form MV-95) is attached.

## NAME OF CURRENT OWNER (Last, First, Middle)

NAME OF CURRENT OWNER (Last, First, Middle)	DATE OF BIRTH	OWNER'S DAY PHONE NO. (Optional)
	Month Day Year	Area Code ( )

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number)

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number)	Apt. No.	City or Town	State	Zip Code	County

AUTHORIZATION: The registrant described in ② is authorized to register the vehicle described in ④.

(Signature of owner or authorized person, and signature of co-owner if applicable)

(Date)

## 4 VEHICLE IDENTIFICATION NUMBER

VEHICLE IDENTIFICATION NUMBER	VEHICLE DESCRIPTION	Body Type For Cars (mark one)
WBSWL93568P330380	Year 08 Make BMW	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Convertible <input type="checkbox"/> Suburban <input type="checkbox"/> Other

## Body Type For Other Vehicles (mark one)

<input type="checkbox"/> Pick-up <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tow <input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Other	Color B1	Unladen Weight 4146	Type of Power or Fuel (mark one)
			<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Flex <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> None <input type="checkbox"/> Other

Cylinders 8	For trailers & commercial vehicles Maximum Gross Weight	For rentals, buses & taxis Seating Capacity	Odometer Reading In Miles 74,525	Does the ODOMETER display 5, 6 or 7 numbers? (write the number, do not include tenths)	For trailers & commercial vehicles Axles	Distance
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OFFICE  USE  ONLY	Mileage Brand Prior Owner	Title	Lien	Lien Number				L.R.
	Proof Submitted (Name and Ownership)				Approved By		Stop/Response	
	Reg/Title No.	State			Date	Old Fee	Operator	

**5** **CHANGES** - Write new information about a current registration or title on page 1 of this form. For more information, refer to form MV-82.1 "Registering/Titling a Vehicle in New York State".

NAME CHANGE: Print the former name exactly like the former name is printed on the current registration or title.

CHANGES: Describe any vehicle changes and the reasons for the changes.

**6** Proof of NYS DOT INSPECTION or HEAVY VEHICLE INSPECTION IS REQUIRED before registration if the vehicle carries passengers AND the vehicle:

- requires commercial operating authority;
- is a bus with a seating capacity of 15 or more persons;
- provides transportation under a contract with a private school or school district;
- transports children under the age of 21 to places of: academic or vocational instruction through grade 12; religious services, religious instruction or both; day camps or day care centers; care or training of persons with a physical disability, mental disability, or both;

Proof of NYS DOT INSPECTION or HEAVY VEHICLE INSPECTION IS NOT REQUIRED before registration if the vehicle:

- is owned and operated by a municipality, a public authority, or a school operated by, or certified by, the Office for People With Developmental Disabilities (OPWDD);
- is owned by the registrant for his or her personal use, and is also used to transport children under the age of 21, without compensation, as described in "d" above;
- is a taxi or livery vehicle which transports children under the age of 21 as described in "d" above, without a contract or agreement for on-going services.

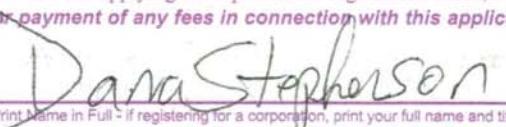
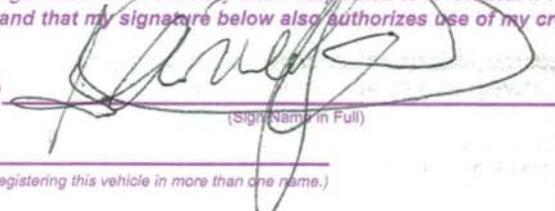
For more information about proof of inspection requirements, refer to Inspection Requirements for Carriers Transporting Passengers (form MV-82.1P).

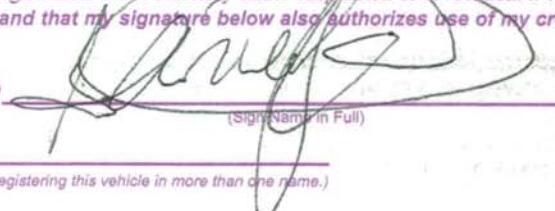
#### Vehicle Inspection Information

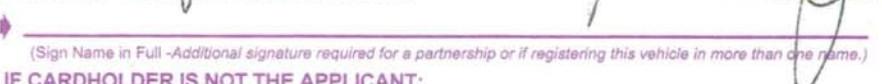
This information is needed to make sure you have all required proofs when you register the vehicle in New York State.

- Read the information above to determine if a NYS DOT inspection or a NYS Heavy Vehicle inspection is required. If one of these inspections is required, mark this box
- I certify that, to the best of my knowledge, this vehicle  has been or  has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (If you mark the "has been" box, the vehicle must have an anti-theft examination before the vehicle can be registered, and "Rebuilt Salvage: NY" will be printed on the title.)
- Does the vehicle require a commercial operating authority permit?  Yes  No  
If "Yes", write the  NYS DOT Permit No. \_\_\_\_\_  
 I.C.C. Permit No. \_\_\_\_\_
- Is the vehicle used as an ambulette?  Yes  No If "Yes", mark this box if payment is received to carry passengers

**7** **CERTIFICATION:** The information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

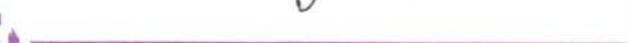
Print Name Here  Sign Here   
(Print Name in Full - if registering for a corporation, print your full name and title)

Sign Here   
(Sign Name in Full)

Additional Signature Sign Here   
(Sign Name in Full - Additional signature required for a partnership or if registering this vehicle in more than one name.)

#### CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes \_\_\_\_\_ to use my credit card for payment of any fees in connection with this application, and I understand that I must be present for this transaction.

Sign  
Here   
(Cardholder-Sign Name in Full)

**IMPORTANT:** Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

#### To Be Completed by a Registered New York State Dealer Only – List any additional Lienholders

Lien Filing Code  
(Assigned by DMV) \_\_\_\_\_ Lienholder Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ (Number and Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Lien Filing Code  
(Assigned by DMV) \_\_\_\_\_ Lienholder Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ (Number and Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

**DEALER CERTIFICATION:** I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicles office.

 (Signature of Dealer or Authorized Representative)

THIS AGREEMENT IS NOT BINDING UNLESS SIGNED BY THE SELLER AND THE BUYER

BUYER	Dana Stephenson 350 Wren Lane Bedminster NJ 07921			
ADDRESS				
CO-BUYER				
ADDRESS				
<b>THE TRANSACTION</b>				
I ORDER AND AGREE TO PURCHASE FROM YOU, ON THE TERMS CONTAINED ON BOTH SIDES OF THIS AGREEMENT, THE FOLLOWING VEHICLE: (READ OTHER SIDE)				
<b>THE VEHICLE</b>				
YEAR	2008	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED	<input type="checkbox"/> DEMONSTRATOR	MAKE <b>BMW</b> MODEL <b>M3</b> SERIES <b>Zdr Convertible</b>
SALESPERSON	SAAED MOSLEM	COLOR <b>BLK</b>	TRIM	VIN: <b>WBSWL9356P330380</b>
ESTIMATED DELIVERY DATE:	<u>1/1</u>	PLACE OF DELIVERY <b>EXCLUSIVE MOTOR SPORTS</b>	STOCK NO. <b>4855</b> (IF RESERVED)	MILEAGE <b>74,525</b>
<b>THE PRICE</b> IF THE MOTOR VEHICLE HAS NOT BEEN DELIVERED IN ACCORDANCE WITH THIS CONTRACT WITHIN 30 DAYS FOLLOWING THE ESTABLISHED DELIVERY DATE, THE CONSUMER HAS THE RIGHT TO CANCEL THE CONTRACT AND TO RECEIVE A FULL REFUND, UNLESS THE DELAY IN DELIVERY IS ATTRIBUTABLE TO THE CONSUMER.				
VEHICLE PRICE	(+)	\$22,995.00		\$0.00
TRANSPORTATION (IF NOT INCLUDED IN VEHICLE PRICE)	(+)	\$0.00		\$0.00
FACTORY INSTALLED EQUIPMENT	(+)	\$0.00		
		\$0.00		
GAP		\$0.00	DMV Fee	\$300.00
VSI		\$0.00		
Doc Fee		\$75.00	DEALER INSTALLED EQUIPMENT AND SERVICES	(+) \$0.00
CONTRACTUAL DISCLOSURE STATEMENT FOR USED VEHICLE ONLY THE INFORMATION YOU SEE ON THE (FEDERAL TRADE COMMISSION) WINDOW FORM FOR THIS VEHICLE IS PART OF THIS CONTRACT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISION IN THE CONTRACT OF SALE.				
PRIOR USE CERTIFICATION (REQUIRED BY VEHICLE AND TRAFFIC LAW 417a IF THE PRINCIPAL USE OF THE VEHICLE WAS AS A POLICE VEHICLE, TAXI-CAB, DRIVER EDUCATION VEHICLE, OR RENTAL VEHICLE.) THE PRINCIPAL PRIOR USE OF THIS VEHICLE WAS AS A POLICE VEHICLE <input type="checkbox"/> TAXI-CAB <input type="checkbox"/> DRIVER EDUCATION VEHICLE <input type="checkbox"/> RENTAL VEHICLE <input type="checkbox"/>				
TOTAL \$23,370.00				
DEALER PREP 395 00				
DELIVERY \$ 199 00				
LESS TRADE-IN CREDIT (-) (BUYER SEE 1 AND 8b) ON BACK) \$0.00				
CASH PRICE \$ 23,964.00				
<b>TAXES AND OTHER FEES</b>				
SALES TAX 8.125% (+) \$1,868.34				
NYS FEE \$0.00				
TOTAL CASH PRICE DELIVERED \$ 25,832.34				
LESS CASH DEPOSIT SUBMITTED WITH ORDER DEPOSIT IS NOT REFUNDABLE (IN ACCORDANCE WITH STATE LAWS) (-) \$9,392.34				
SUB TOTAL \$16,440.00				
PLUS BALANCE OWING ON TRADE-IN (+) \$0.00				
<b>CASH DUE ON DELIVERY</b> \$ 16,440.00				

I have read the terms on the back of this agreement and have received a completed copy of this agreement.

BUYER'S SIGNATURE DATE: 03/29/19

CO-BUYER'S SIGNATURE

DATE: 03/29/19

SELLER APPROVED BY:

DATE: 03/29/19

MUST BE SIGNED BY SALES MANAGER OR DEALER

SEE OTHER SIDE FOR ADDITIONAL TERMS  
**VEHICLE CASH PURCHASE AGREEMENT**  
 SALE PRICE INCLUDES ALL PROGRAMS AND INCENTIVES

**ALL COD'S MUST BE PAID IN CASH OR CERTIFIED CHECK ONLY.**

# BETHPAGE FEDERAL CREDIT UNION

## CREDIT APPLICATION

Married Applicants: May apply for a separate account.

Individual Credit: You must complete the Applicant section about yourself and the other section about your spouse if:

1. you live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI).
2. your spouse will use the account, or
3. you are relying on your spouse's income as a source of repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying.

Joint Credit – if you are applying for a joint account or an account that you and another person will use, you must complete the applicant and Spouse Co-Applicant section

*Initial here if you intend to apply for Joint Credit*

Date: 03/28/2019

Seller	<b>EXCLUSIVE MOTOR SPORTS</b>	Stock/VIN:	<b>WBSWL93568P330380</b>	Requested Amount:	<b>25000.00</b>
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### APPLICANT INFORMATION

Name: <b>STEPHENSON, DANA</b>					
Birth date:	████████/1991	Driver's License:	Social Security No.:	████████████████	Marital Status:
Current Address:	350 WREN LANE BEDMINSTER, NJ 07921			How Long:	10 Years 0 Months
Home Phone:	(908) 727-0591			Cell Phone:	
Previous Address:					
Current Employer:	Employer Name:	HALSTEAD		Position:	Employment Income: <b>4500.00</b>
	Work Phone:	(201) 478-6724		How long?	2 Years 0 Months
Previous Employer:	Previous Employer Name:			Position:	
	Previous Employer Work Phone:			Previous Employment Length:	
Other Income:				Other Income/Source:	

**SPOUSE OR CO-APPLICANT INFORMATION**

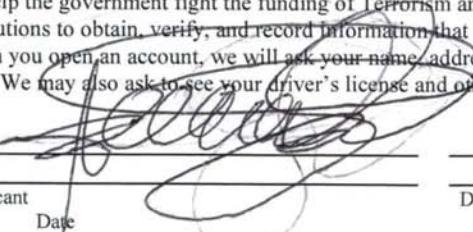
Name:			
Birth date:	Driver's License:	Social Security No.:	Marital Status:
Current Address:			How Long: [%CoApp.Residence.Time]
Home Phone:	Cell Phone:		
Previous Address:			
Current Employer:	Employer Name:	Position:	Employment Income:
	Work Phone:		
Previous Employer:	Previous Employer Name:	Position:	
	Previous Employer Work Phone:		
Other Income:		Other Income Source:	

The terms "I", "ME", and "MINE" in this Application mean each of those signing below. You promise that the information stated in this Consumer Loan Application is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about its credit history with you. The Credit Union may also obtain credit reports to update, increase, extend or renew credit with you. False or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this application is approved. You will notify the Credit Union in writing immediately of any changes in your name, address or employment. You understand that it is a crime to willfully and deliberately provide incomplete or incorrect information to obtain credit. If you request, you will be provided the name and address of any credit bureau from which we received a credit report.

To help the government fight the funding of Terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identity information.

X \_\_\_\_\_  
X \_\_\_\_\_  
Applicant Date \_\_\_\_\_

Co-Applicant



**Bethpage Federal Credit Union - Signature Card & Account Agreement**

This application must be completed, signed and included in funding package

PLEASE INDICATE IF THIS IS A:  NEW ACCOUNT  ADDING JOINT OWNER TO ACCOUNTMEMBERSHIP ELIGIBILITY:  LIVE  WORK  WORSHIP  FAMILY  ATTEND SCHOOL  VOLUNTEER  OTHER

PLEASE INDICATE EMPLOYER, FAMILY MEMBER, RELIGIOUS ORGANIZATION OR OTHER ORGANIZATION THRU WHICH YOU ARE ELIGIBLE FOR MEMBERSHIP:

**Applicant**

NAME (Last - First - MI)

DANA STEPHENSON

SOCIAL SECURITY NUMBER

BIRTH DATE

/1991

PRESENT ADDRESS (Street - City - State - Zip)

350 WREN LANE BEDMINSTER, NJ 07921

HOME PHONE

BUSINESS PHONE / EXT.

(908)727-0591

(201) 478-6724

MOTHER'S MAIDEN NAME

EMAIL ADDRESS

DRIVER'S LICENSE NUMBER

STATE OF ISSUE

DATE ISSUED

EXPIRATION DATE

**Joint Owner**

NAME (Last - First - MI)

SOCIAL SECURITY NUMBER

BIRTH DATE

PRESENT ADDRESS (Street - City - State - Zip)

HOME PHONE

BUSINESS PHONE / EXT.

( )

( )

MOTHER'S MAIDEN NAME

EMAIL ADDRESS

DRIVER'S LICENSE NUMBER

STATE OF ISSUE

DATE ISSUED

EXPIRATION DATE

RELATIONSHIP TO APPLICANT

**Types of Accounts (A Share Savings Account is required. A minimum balance may be required)** SHARE SAVINGS CHECKING MONEY MARKET

DEPOSIT AMOUNT

\$

**Beneficiary Designation**

BENEFICIARY #1 NAME &amp; ADDRESS

BENEFICIARY #2 NAME &amp; ADDRESS

I, the undersigned, do hereby designate my beneficiary(ies) listed above, if living, to receive all funds remaining in the above account(s). I hereby reserve the right to change the beneficiary(ies) herein designated IN WRITING SENT TO THE CREDIT UNION. Payment of proceeds to a designated beneficiary(ies) shall discharge the Credit Union from any and all liability to the extent of such payment.

**Signatures**

I hereby make application for membership in and agree to conform to the Bylaws as amended, of the Credit Union. I certify that I am within the field of membership of this Credit Union; the information provided on this application is true and correct, and my signature on this card applies to all accounts under my name at this Credit Union. I also agree to the terms and conditions of any account that I/we have in the Credit Union now or in the future. I authorize the Credit Union to verify credit, consumer account and employment history by any necessary means, including preparation of a credit or consumer report by a credit or consumer reporting agency.

I recognize that as a member of my Credit Union, from time to time, I may be offered or may request that certain loan or other credit facilities be made available to me in conjunction with my membership. In order to assist my Credit Union in determining qualification for any such loan or credit facility, I hereby authorize my Credit Union to obtain a consumer report from any consumer reporting agency as they may request and this authorization shall be effective from the date of execution until I give written notice of revocation of authorization.

Under penalties of perjury, I certify that: (1) The number shown on this form is my/our correct taxpayer identification number (2) that I/we are not subject to backup withholding, either because I/we have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has not notified me/us that I/we are no longer subject to backup withholding (Note: if you ARE subject to backup withholding, cross out number 2). The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Notice: In order to comply with the USA Patriot Act, effective October 25, 2002, the Credit Union is required to verify the identity of existing and new members applying for and opening new accounts or services with the Credit Union. Information we are required to obtain and verify includes name, residential address, tax identification number, and date of birth. We will ask you for a copy of your Driver's License or other identifying documents. Additional data may also be gathered depending on the type of account being opened. The Act requires us to maintain records of the identification verification. Confidentiality of the information maintained by the Credit Union will be protected as required under our privacy policy.

**X**

PRIMARY MEMBER SIGNATURE

DATE

**X**

JOINT MEMBER SIGNATURE

DATE

**For Credit Union Use Only** Approved  Not Eligible

Verified By \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Bethpage  
 Federal Credit Union

LOAN DATE	03/29/19	LOAN NUMBER	ACCOUNT NUMBER
BORROWER 1 NAME AND ADDRESS		BORROWER 2 NAME (AND ADDRESS IF DIFFERENT FROM BORROWER 1)	
<b>Dana Stephenson</b> <b>350 Wren Lane</b> <b>Bedminster NJ 07921</b>			

**TRUTH IN LENDING DISCLOSURE** \*e' means an estimate

ANNUAL PERCENTAGE RATE: The cost of your credit as a yearly rate. <b>4.24</b> %	FINANCE CHARGE: The dollar amount the credit will cost you. <b>\$ 1,462.56</b>	Amount Financed: The amount of credit provided to you or on your behalf. <b>\$ 16,440.00</b>	Total Payments: The amount you will have paid after you have made all payments as scheduled. <b>\$ 17,902.56</b>	Total Sale Price: The total cost of your purchase on credit is <b>\$ 27,294.90</b> which includes your down payment of <b>\$ 9,392.34</b>
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Filing Fees <b>\$ N/A</b>	Non-Filing Insurance <b>\$ N/A</b>	<input type="checkbox"/> Assumption: Someone buying your mobile home cannot assume the remainder of the loan on the original terms.
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Prepayment: If you pay off early, you will not have to pay a penalty. <b>\$ N/A</b>	Required Deposit: The Annual Percentage Rate does not take into account your required deposit balance.
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Property Insurance: You may obtain property insurance from anyone you want that is acceptable to the credit union. If you do not obtain or fail to maintain property insurance naming the credit union as loss payee, the credit union will obtain insurance to protect its interest at your expense.			
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Late Charge: A \$25.00 charge will be imposed for each payment not received within 10 days of the payment due date.			
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Your Payment Schedule will be:	Number of Payments	Amount of Payments	When Payments Are Due
	<b>48</b>	<b>372.97</b>	<b>Beginning 04/28/19</b>

**Security:** Collateral securing other loans with the credit union may also secure this loan. You are giving a security interest in your shares and dividends and, if any, your deposits and interest in the credit union; and the property described below:

Collateral:	Property/Model/Make <b>BMWM3</b>	Year <b>2008</b>	I.D. Number <b>WBSWL93568P330380</b>	Type/Lien Amount <b>2dr C</b>	Value <b>\$22,995.00</b>	Key Number
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Other (Describe): Pledge of Shares \$	<b>N/A</b>	In Account Number \$ <b>N/A</b>	In Account Number \$ <b>N/A</b>
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SEE OUR CONTRACT DOCUMENTS FOR ANY ADDITIONAL INFORMATION ABOUT NONPAYMENT, DEFAULT, AND ANY REQUIRED REPAYMENT IN FULL BEFORE THE SCHEDULED DATE.

**ITEMIZATION OF THE AMOUNT FINANCED** IF AN AMOUNT IS MARKED WITH AN ASTERISK (\*), WE WILL BE RETAINING A PORTION OF THE AMOUNT.

Itemization of Amount Financed of <b>\$ 15,846.00</b>	Amount Given to You Directly \$ <b>N/A</b>	Amount Paid on Your Account \$ <b>N/A</b>	Prepaid Finance Charge \$ <b>N/A</b>
Amount Paid to Others on Your Behalf \$ <b>N/A</b>	To \$ <b>395.00</b>	\$ <b>\$0.00</b>	To \$ <b>199.00</b>

**LOAN AGREEMENT** continued on reverse side  CONSUMERS' CLAIMS AND DEFENSES NOTICE - IF CHECKED, SEE REVERSE SIDE FOR NOTICE

1. Promise to Pay: You promise to pay \$ **16,440.00** to the credit union plus interest on the unpaid balance until what you owe has been repaid. For fixed rate loans the interest rate is **4.24** % per year. 2. These Agreements are governed by the laws of **New York**.

3. Collection Costs: You promise to pay all costs of collecting the amount you owe under this agreement including court costs and reasonable attorney fees.

**SIGNATURES FOR LOAN AND SECURITY AGREEMENTS**

You agree that the terms and conditions in the disclosure statement and the loan and security agreements attached hereto shall apply to this loan. If there is more than one borrower, you agree that all the conditions of the loan and security agreements governing this loan shall apply to both jointly and severally. You acknowledge that you have received a copy of the loan and security agreements and disclosure statement ("Note"). If you purchase optional loan products in connection with this loan, you understand that a portion of the premium or fee you pay will be retained by the credit union (or paid back to the credit union by the service provider) as compensation for making these services available to you. You also acknowledge receipt of the product application(s), disclosures, and contract(s) regarding the product(s).

Telephone Calls, Call Monitoring and Recording

When you give a telephone number directly to us or our agents, or place a telephone call to us or our agents, you authorize us or our agents to place calls to you at that number. You understand that telephone number includes a cell phone number or VoIP and calls include both telephone calls and text messages to or from your phone, cell phone or VoIP. As examples, we may place calls to you about fraud alerts, deposit holds, and collection of amounts due to us on your account. When we or our agents make calls to you, we may use automatic dialers and artificial, text, or prerecorded messages. You agree to notify us immediately of any change in your telephone number(s).

You authorize us and our agents to monitor and record telephone conversations and other electronic communications you have with us and with our agents for reasonable business purposes, such as security and quality assurance. We may not remind you that we may be monitoring or recording a call at the beginning of the call unless required by law to do so. You consent and agree in advance to these terms and conditions.

**Negative Information Notice:** We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

**CAUTION IT IS IMPORTANT THAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT.**

BORROWER'S SIGNATURE <b>X</b>	DATE <b>03/29/19</b>	BORROWER'S SIGNATURE <b>X</b>	DATE <b>03/29/19</b>
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<input type="checkbox"/> CO-BORROWER <input type="checkbox"/> *OTHER OWNER <input type="checkbox"/> **GUARANTOR <b>X</b>	DATE <b>03/29/19</b>	<input type="checkbox"/> CO-BORROWER <input type="checkbox"/> *OTHER OWNER <input type="checkbox"/> **GUARANTOR <b>X</b>	DATE <b>03/29/19</b>
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\*OTHER OWNER: Any person who has a property interest (other than as a renter or lessor) in the above described collateral signs here. The other owner, unless also a co-borrower, is not obligated to pay the debt, but understands that the credit union has a security interest in the collateral as explained in the Security Agreement. \*\*GUARANTOR: Upon default, the credit union may seek immediate payment from the guarantor of any and all sums due on the loan, including all reasonable costs and fees provided under the loan and security agreements, as permitted by law. The guarantor waives all notice which he or she would otherwise be entitled by law.